

## INSTRUCTIONS TO PREPARE A CUSTODY OR VISITATION ACTION

This packet was prepared for your convenience in filing a petition for Custody or Visitation. Please review the attached documents and conduct any research necessary to answer all questions. Be sure you have the correct paperwork with your packet and request any additional forms from the clerk's office or print them off the [www.juvenile-court.org](http://www.juvenile-court.org) web site. (Local Rules are also available)

Use **BLACK** ink and **TYPE OR NEATLY PRINT** your answers and make sure to answer all questions **completely** and **accurately**. Please do not leave any question unanswered. Pencil and light colored inks are not acceptable due to the requirements of document scanning.

1. **Custody Petition, (Form 580, Parent or Non-Parent) & (Visitation Petition) (Form 585)**, is simply a sworn request of the Hamilton County Juvenile Court to grant temporary legal custody or parenting rights to the petitioner. **Motions** are applicable when a modification action is filed on an existing case. The petition form, **(Form 580 or 585)** must be completed and **NOTARIZED**. The term at the top of the form, "**In Re**", refers to the name of the child or children. The Clerk will assign a case number, unless a previous **Custody, Visitation, Dependency** case number exists and can be used for your filing.
2. The **Child Custody Affidavit, (Form 551)**, must be answered **completely** and **accurately** and must be **NOTARIZED**. The same procedure outlined above is used with respect to the term "**In Re**" and the **Case Number**. Complete whatever research is needed to accurately answer all questions.
3. A **Party Information Sheet, (Form 536)**, requires some research to accurately answer all questions but accuracy and detail are important in order to properly process the petition packet.
4. **Instructions To Clerk, (Form 755)**, requires the child's or children's names at the top "**In Re**;" and the **Case Number** if known. The petitioner(s) insert the current **Date** and **Type or Print** their names followed by the respective "**Signature (s)**".
5. **Service Request, (Form 1397)**, is used to request Notification or Service of Process to **any and all** persons or parties to this action so they may be present at the scheduled hearing. **This is one of the most important parts of the process.** Your **Failure** to properly identify and notify any or all of the interested parties may result in delays and possibly additional expense. These parties should include but are not limited to the biological parents and current custodians of the child or children. Review the **Instructions for Service Sheet** for assistance in determining the type of service you may need. The term "**In Re**;" refers to the name of the child or children. Complete the **Case Number** if known. The "**Case Type**" will be "**Custody**" or "**Visitation**", and the reason for the hearing is "**Pre Trial**". Select the "**Type of Form**", (Summons, Subpoena or Notice) and list your selection in the first column. Decide on the best way or ways to notify each party "**Type of Service**", (Regular Mail, **Certified Mail (Usual Method)**, Personal Service, Residential Service or as a last resort, Publication as this requires additional expense). List your selection in the center column and carefully type or print the person's name and accurate address **including zip code** in the third column. If more than one "Type of Service" is desired, complete the process on the next line changing only the center column or address. Publication (Form 15) is a required means of notification when all other options have failed and involves additional cost.
6. The **HCDJFS Questionnaire, (Form 1284)** is explained at the top of the form and needs to be completed accurately and in detail down to the point that indicates "For Official Use Only by HCDJFS". Be sure to list all children in the home, to include those being considered. Also list yourself and all adults in the home or who may be in regular contact with the child.
7. An "**Authorization to Release Information**" (**Form 1270**) is the document to be completed for release of information from the HCDJFS and must not be confused with the "Personal Information Release Form" used by the Hamilton County Sheriff's Department. The petitioner (s) need to complete this form with the current date and their "Signatures" in the presence of a Witness or a Notary Public. Court Personnel **will not** witness this. **A separate form must be used for each petitioner.**
8. After all documents are completed neatly and accurately, notarized or witnessed appropriately, bring the packet to a Deputy Clerk in the Clerk's Office of the Hamilton County Juvenile Court located at 800 Broadway – Cincinnati, Ohio 45202. Make sure you have attached other documents required by Hamilton County Juvenile Court in accordance with Local Rules. Refer to the checklist cover document.
9. Filing fees must be posted at the time of filing by: Cash, Check, Money Order, VISA or Master Card. A filing fee is not required if the filing is to be heard on an existing court date for this case.  
**The Filing Fee for Custody and Visitation is \$150.00.**  
**The Cost for Service by Publication is \$100.00**
10. In the event a petitioner is indigent, a Motion or Affidavit (Form 581) may be filed asking the court to waive the filing fee and absorb the cost of the action. Proof of qualifications must be included and the motion will be **granted** or **denied**.

Questions concerning these instructions may be addressed to a Deputy Clerk at 513-946-9433, 9434, 9435 or 946-9436.

**All legal questions should be addressed by an attorney and cannot be answered by Court Staff.**

## **INSTRUCTIONS AND INFORMATION FOR WRITTEN REQUESTS FOR SERVICE**

One of the most important procedures which takes place at the onset of any legal action is the service of process. Unless service is quickly and properly executed, the legal proceedings could be disrupted, delayed or even dismissed. To insure that all parties are properly served, you are charged with the responsibility of using all resources to obtain a correct and complete address as well as requesting proper service of all related parties in a timely fashion.

Some suggested resources to determine the mailing address of a party include but are not limited to:

Contact with known associates, relatives and friends, neighbors and employers as well as Family Records. Internet Locator Services, Professional Investigators, Public Court Records including Domestic Relations Court, Small Claims, Municipal and Civil Litigation Records, Criminal Records, Bureau of Prisons, Probate Court Records, Public Library Archives, Telephone and Criss Cross Directories, U. S. Postal Service, Federal Court Records, Bankruptcy Records.

The following are guidelines for determining the most appropriate method of service. You may want to consult Civil Rule 4 and your attorney is an appropriate resource concerning this topic.

**Regular Mail:** Requires a complete and accurate address but does not provide any assurance or proof of delivery unless it is returned by the U.S. Postal Service as "Undeliverable".

**Certified Mail:** Requires a complete and accurate address and the hearing is not set for at least 28 days to allow ample response time for the return verification. If the certified mail is returned as refused or unclaimed and you did not sign a Waiver of Service, you must request in writing that Ordinary Mail be sent to the same address or provide additional information in writing so service can be resent.

**Personal Service:** Is one of the quickest ways to obtain service for a hearing as long as you are sure of the residential address or employment address. It is helpful to indicate the times the party is most likely to be present during the daytime hours at the indicated address. Personal Service requires the Sheriff or other approved Process Server to serve the Summons and a copy of the Complaint or Petition only to the named individual (s).

**Residential Service:** Is also one of the quickest ways to obtain service for a hearing as long as you have a correct and complete address. The Sheriff or an approved Process Server is required to serve the Summons and a copy of the Complaint or Petition to any household member of suitable age.

**Publication:** Is only appropriate when all other resources are exhausted to identify a correct and deliverable address or all diligent attempts for service have failed. This process requires additional cost and completion of Form 15, in addition to the Service Request, Form 1397.

Please note that actual notice of a hearing is not a substitute for legal Service of Process. You as a party cannot Serve Process, however it may be effective to give actual notice of the hearing by telling the person or party of the hearing date, time and place of the hearing. You might give them a copy of the Summons along with a copy of the Complaint or Petition.

## **OTHER RESOURCES**

A copy of a Birth Certificate for each child will be required for filing parenting actions. If the petitioner does not have a copy of a birth certificate, they must obtain one by first determining when and where the child was born. Each State and County will have an agency such as Vital Statistics or a Health Department. Local agencies for this court will include:

(Births within the City of Cincinnati)  
**Cincinnati Health Department**  
Office of Vital Records  
1525 Elm Street  
Cincinnati, Ohio 45210  
513-352-3120

(Births in Hamilton County-Not Cincinnati)  
**Hamilton County General Health District**  
250 William Howard Taft Road  
Cincinnati, Ohio 45219  
513-946-7804

(State of Ohio Births)  
**The Ohio Department of Health**  
P. O. Box 118  
Columbus, Ohio 43216-0118  
614-466-2531

This sheet is informative only and should be removed prior to your filing.

**Hamilton County Juvenile Court**  
800 Broadway Street - Cincinnati, Ohio 45202 (513-946-9200)

In consideration of Local Rules adopted by the Hamilton County Juvenile Court and with the intention of providing the best management of staff functions and Court proceedings, this checklist of documents must accompany the filing of a Petition or Motion concerning Custody, Parenting Time (Visitation), and or Allocation of Parental Rights and Responsibilities. If for any reason a required document can not be provided, a complete explanation must be included and approval may be required before the clerk can accept the filing.

- ☐ A thoroughly and accurately completed Petition or Motion is attached regarding Custody, Parenting Time (Visitation) or Allocation of Parental Rights and Responsibilities and is **notarized**.
- ☐ A copy of the birth certificate for the child or each child is attached.  
Comments: \_\_\_\_\_
- ☐ The Child Custody Affidavit, pursuant to ORC 3127.23 is attached and has been thoroughly completed with accurate information and **notarized**.
- ☐ The Hamilton County Juvenile Court Information Form (536) has been thoroughly and accurately completed and is attached. Comments: \_\_\_\_\_
- ☐ Paternity has not yet been determined or established.
- ☐ Paternity has been established and is supported by a copy of:
- ☐ A paternity determination record from the Central Paternity Registry.
- ☐ An administrative paternity determination.
- ☐ A paternity determination issued by a court.
- ☐ Other: \_\_\_\_\_
- ☐ No other Court has issued prior orders concerning Custody, Parenting Time or Parental Rights.
- ☐ A copy of a prior Court order is attached dated \_\_\_\_\_ from \_\_\_\_\_ Court.
- ☐ No other Court or Administrative action has issued prior orders concerning Child Support.
- ☐ A copy of a prior Court order is attached dated \_\_\_\_\_ from \_\_\_\_\_.
- ☐ The H.C.J.C. Authorization has been completed, signed and is attached with a witness signature.
- ☐ The Hamilton County Sheriff's authorization is completed and attached.
- ☐ The Information Form for HCJFS is thoroughly and accurately completed and is attached.
- ☐ The Written Request for Service is attached with accurate name and address information for all parties involved in this action and or an affidavit for service by Publication is attached for each party that an accurate address could not be identified by diligent and reasonable effort and research.
- ☐ The Request and Instructions for Ordinary Mail Service is completed and attached.
- ☐ The Request and Instructions for Ordinary Mail Service is not attached because \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## HAMILTON COUNTY JUVENILE COURT

IN RE: \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

### PETITION FOR CUSTODY

**-NON PARENT-**

O.R.C. 2151.23 (A) (2)

\_\_\_\_\_  
(Minor Child or Children)

The undersigned petitioner(s), \_\_\_\_\_, herein being duly sworn states:

1. The name(s) and birth date(s) of the child or children is/are:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

2. The Petitioner's relationship to the above child or children is: \_\_\_\_\_

3. The child or children currently live at \_\_\_\_\_ and  
is/are cared for by \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_.

4. The natural or biological mother is \_\_\_\_\_, and her current mailing  
address is \_\_\_\_\_, Phone: (\_\_\_\_\_) \_\_\_\_\_.

5. The natural or biological father is \_\_\_\_\_, and his current mailing  
address is \_\_\_\_\_, Phone: (\_\_\_\_\_) \_\_\_\_\_.

6. The biological mother has:
- Abandoned the child or children.
  - Contractually relinquished custody.
  - A total inability to provide care and support.
  - Been unfit or unsuited to parent the child or children.
  - Other Circumstances.

Based on the following facts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Based on the following facts: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 
- 
- 
- 

Form 580 (B) Revised 8/2006

**HAMILTON COUNTY JUVENILE COURT**  
**AFFIDAVIT IN COMPLIANCE WITH § 3127.23 OHIO REVISED CODE**

IN RE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

Upon being duly sworn, the undersigning petitioner(s), \_\_\_\_\_, herein state the following:

1. The child or children currently reside with \_\_\_\_\_, at the address of \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Complete Address)

2. The child or children have lived with the following persons at the respective addresses during the past five years:

<u>Name of Person lived with</u>	<u>Complete Address and Zip Code</u>	<u>Dates: From - To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List the current address of each person listed above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The petitioner(s) ( has, has not, have, have not) participated as a party, witness or in another capacity with any other litigation concerning custody of this child or children either in this state or any other state. Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The petitioner(s) ( has, has no, have, have no) information or knowledge of custody proceedings concerning this child or these children, either in this or any other state. Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The petitioner(s) ( knows, know, does not know, do not know) of any other person or persons having physical custody or claims to have custody or visitation rights of this child or these children, who is not included as a party in this proceeding. Please list the name, complete address and relationship to the child or children:
- 
- 
7. The child or children ( was, was not, were, were not) the subject of any divorce proceedings involving the biological parents in this or any other State. If Affirmative, describe where, when and the ruling concerning custody and visitation.
- 
- 
8. The biological parents are:                      Currently Married                      Separated but Legally Married  
   Divorced                                      Never Married
9. A social service agency such as Children's Protective Service, Catholic Social Services or the Department of Jobs and Family Services, ( is, is not) currently involved with the welfare of these child or these children. Please explain affirmative answer:
- 
- 
10. The petitioner(s) ( has a, has no, have a, have no) history of charges, conviction, adjudication, guilty plea or been determined to be the perpetrator of any criminal offense that involved an act that resulted in a child being abandoned, abused or neglected. Please provide details of affirmative answer:
- 
- 
11. The petitioner(s) ( has has not have have not) included a separate sworn affidavit or pleading concerning the health, safety or liberty of the petitioner(s), child or children being jeopardized by the disclosure of identifying information as outlined in section D of ORC3127.23.

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_

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**Petitioner (s)**

**Notary Public**

HAMILTON COUNTY JUVENILE COURT  
**PERSONAL IDENTIFICATION FORM**

CASE NUMBER: \_\_\_\_\_

1. Name and Date of Birth of child or children:

Name: \_\_\_\_\_ Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

Name: \_\_\_\_\_ Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

Name: \_\_\_\_\_ Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

Name: \_\_\_\_\_ Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

2. Biological Father's Name: \_\_\_\_\_ (Alias Name) \_\_\_\_\_ DOB: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Employer & Address: \_\_\_\_\_

3. Biological Mother's Name: \_\_\_\_\_ (Maiden/Alias Name) \_\_\_\_\_ DOB: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Employer & Address: \_\_\_\_\_

4. Petitioner (s) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Employer & Address: \_\_\_\_\_

5. Relationship to the child or children: \_\_\_\_\_

6. Current Address of child or children: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Name of person (s) currently providing care and supervision: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

8. Was Child Custody Affidavit, mandated by § 3127.23 -O.R.C., filed? (Form 551 Included with packet) Yes No

9. Has an Affidavit for Publication been filed (When address can't be identified) Yes No

10. Has the Father of the child or children been ordered to pay Child Support? Yes No

11. Does any other person (s), excluding the biological parents, have any Court Ordered Custody or Visitation Rights concerning this child or these children? Yes No If so, please list: Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Relationship to the child or children: \_\_\_\_\_

12. Are any Social Service Agencies currently involved with this child or these children? Yes No If so list Agency:

Name: \_\_\_\_\_ Caseworker: \_\_\_\_\_

13. Attorney's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

# HAMILTON COUNTY JUVENILE COURT

## HAMILTON COUNTY, OHIO

### REQUEST AND INSTRUCTIONS FOR ORDINARY MAIL SERVICE

#### INSTRUCTIONS TO CLERK

IN RE: \_\_\_\_\_  
\_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

IF SERVICE OF PROCESS BY CERTIFIED MAIL IS RETURNED BY THE POSTAL AUTHORITIES WITH AN ENDORSMENT OF "REFUSED" OR "UNCLAIMED", AND IF THE CERTIFICATE OF MAILING CAN BE DEEMED COMPLETE, NOT LESS THAN FIVE (5) DAYS BEFORE ANY SCHEDULED HEARING, THE UNDERSIGNED WAIVES NOTICE OF THE FAILURE OF SERVICE BY THE CLERK AND REQUESTS ORDINARY MAIL SERVICE IN ACCORDANCE WITH CIVIL RULE 4.6 ( C ) OR ( D ) AND CIVIL RULE 4.6 ( E ).

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Petitioner (s) Name (s) or Attorney (Type or Print)

X \_\_\_\_\_

X \_\_\_\_\_  
Signature (s)

☐ WRITTEN REQUEST FOR SERVICE (Civil)  
☐ PRAECIPE (Delinquent/Criminal)

CASE NUMBER: \_\_\_\_\_

Charges: \_\_\_\_\_

**Judge / Magistrate:** \_\_\_\_\_ **Case Manager:** \_\_\_\_\_

**Type of Service:**      (**Regular Mail**) (**Certified Mail**) (**Personal Service**)  
  *(Usual Service)*

**(Residential Service) or (Publication)** *(List one of these selections for each address listed below.)*

<u>Type of Form</u>	<u>Type of Service</u>	<u>Name and Complete Address and Zip Code</u>
1. _____	_____	_____ _____ _____
2. _____	_____	_____ _____ _____
3. _____	_____	_____ _____ _____
4. _____	_____	_____ _____ _____

Address: \_\_\_\_\_

**To the Petitioner (s):** The Hamilton County Juvenile Court will request the Hamilton County Department of Jobs and Family Services, (Formerly known as Hamilton County Department of Human Services), to provide case activity information concerning you, the child or children as well as any other person living in your household. The following information is **required** and **necessary** to process your Custody / Visitation petition. **Include any maiden names or alias names used by any household members.**

Court Date: \_\_\_\_\_ Magistrate \_\_\_\_\_ Case Number: \_\_\_\_\_

In Re: \_\_\_\_\_

Petitioner (s) #1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (s): ( \_\_\_\_\_ )

Petitioner (s) #2 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (s): ( \_\_\_\_\_ )

Biological Mother's Name: \_\_\_\_\_ Biological Father's Name \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Children currently in your home or subject to your current filing.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_

**Adults Currently Living in Your Household (include maiden name or alias name if applicable):**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

.....  
(For Official Use Only by HCDJFS)

No Record for any of the indicated parties has been identified.

A case is currently open on: \_\_\_\_\_ Petitioner (s) \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

The case is assigned to: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ )

The supervisor is: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ )

A prior case is identified on: \_\_\_\_\_ Petitioner (s) \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

OPENED	CLOSED	PETITIONER/CHILD	DISPOSITION	ON-GOING SERVICES

Custody Investigation Recommended. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hamilton County Juvenile Court**  
**800 Broadway**  
**Cincinnati, Ohio 45202**  
**513-946-9200**

**AUTHORITY TO RELEASE INFORMATION**

I, the undersigned, hereby authorize the Hamilton County Juvenile Court to obtain any and all record information or files pertaining to my / our arrest and or conviction on any charge.

I, the undersigned, further authorize the Hamilton County Juvenile Court to obtain any and all record information or files pertaining to child abuse, abandonment or neglect investigations, including records of services provided by the Hamilton County Department Of Jobs and Family Services. (Formerly known as Hamilton County Department of Human Services).

I further authorize and request the custodian of any records and information described above to release such records and information at the request of the Hamilton County Juvenile Court or it's authorized representative or designee upon presentation of this release or a photo copy thereof.

This release is executed with the full knowledge and understanding that the information is for the official use of the Hamilton County Juvenile Court in the determination of a Custody and or Visitation petition as well as other associated Court matters.

Should there be any question regarding the validity of this release, please contact me / us as directed below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_.

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

X \_\_\_\_\_

Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witnessed by:

**Hamilton County Sheriff Office  
Personal Information Release Form**

**Print Clearly**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_ Race: \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_

I, the undersigned, authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. If it is necessary to verify this Authorization, I can be reached at telephone number \_\_\_\_\_.  
This Authorization is void if not exercised by the person or organization named on the reverse side of this form within (1) year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form ID Hes 2-90

**Hamilton County Sheriff Office  
Personal Information Release Form**

**Print Clearly**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_ Race: \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_

I, the undersigned, authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. If it is necessary to verify this Authorization, I can be reached at telephone number \_\_\_\_\_.  
This Authorization is void if not exercised by the person or organization named on the reverse side of this form within (1) year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form ID Hes 2-90

**Certification of Purpose**

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately be destroyed after use or if retained, not released outside my agency.

Type of Record Check: \_\_\_\_\_  
Criminal: \_\_\_\_\_  
Traffic: \_\_\_\_\_  
Criminal and Traffic: \_\_\_\_\_

Information Requested by: \_\_\_\_\_  
Company Name / Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

**FOR SHERIFF OFFICE USE ONLY:**

Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
Record: \_\_\_\_\_ No Record: \_\_\_\_\_

**Certification of Purpose**

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately be destroyed after use or if retained, not released outside my agency.

Type of Record Check: \_\_\_\_\_  
Criminal: \_\_\_\_\_  
Traffic: \_\_\_\_\_  
Criminal and Traffic: \_\_\_\_\_

Information Requested by: \_\_\_\_\_  
Company Name / Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

**FOR SHERIFF OFFICE USE ONLY:**

Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
Record: \_\_\_\_\_ No Record: \_\_\_\_\_